

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**09/830145**

FILING DATE

APPLICANT(S)

**CLAIMS**

BEST AVAILABLE COPY

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3		2	/	/		
4		0		/		
5		0		/		
6		0		/		
7		0		/		
8		0		/		
9		0		/		
10		0		/		
11		0		/		
12		0		/		
13		0		/		
14		0		/		
15		0		/		
16		0		/		
17		0		/		
18		0		/		
19		0		/		
20	/		/			
21	/		/			
22		2		/		
23		0		/		
24		0		/		
25		0		/		
26		0		/		
27		0		/		
28		0		/		
29		0		/		
30		0		/		
31		0		/		
32		0		/		
33		0		/		
34		0		/		
35		0		/		
36		0		/		
37		0		/		
38		0		/		
39	/		/			
40	/		/			
41		2		/		
42		0		/		
43		0		/		
44		0		/		
45		0		/		
46		0		/		
47		0		/		
48		0		/		
49		0		/		
50		0		/		
TOTAL IND.	10		10			
TOTAL DEP.	110		84			
TOTAL CLAIMS	120		94			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0		/		
52		0		/		
53		0		/		
54		0		/		
55		0		/		
56		0		/		
57	/		/			
58		/		/		
59		/		/		
60		3		/		
61		0		/		
62		0		/		
63		0		/		
64		0		/		
65		0		/		
66		0		/		
67		0		/		
68	/		/			
69		/		/		
70		/		/		
71		2		/		
72		0		/		
73		0		/		
74		0		/		
75		0		/		
76		0		/		
77		0		/		
78		0		/		
79	/		/			
80		/		/		
81		/		/		
82		1		/		
83		0		/		
84		0		/		
85		0		/		
86		0		/		
87		0		/		
88		0		/		
89	/		/			
90		/		/		
91		2		/		
92		0		/		
93		0		/		
94		0		/		
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS